



Beebe Healthcare

SURGERY GUIDE: WHAT TO EXPECT

Thank you for choosing
Beebe for your care!

Your surgery date:

Your surgery will be in.....

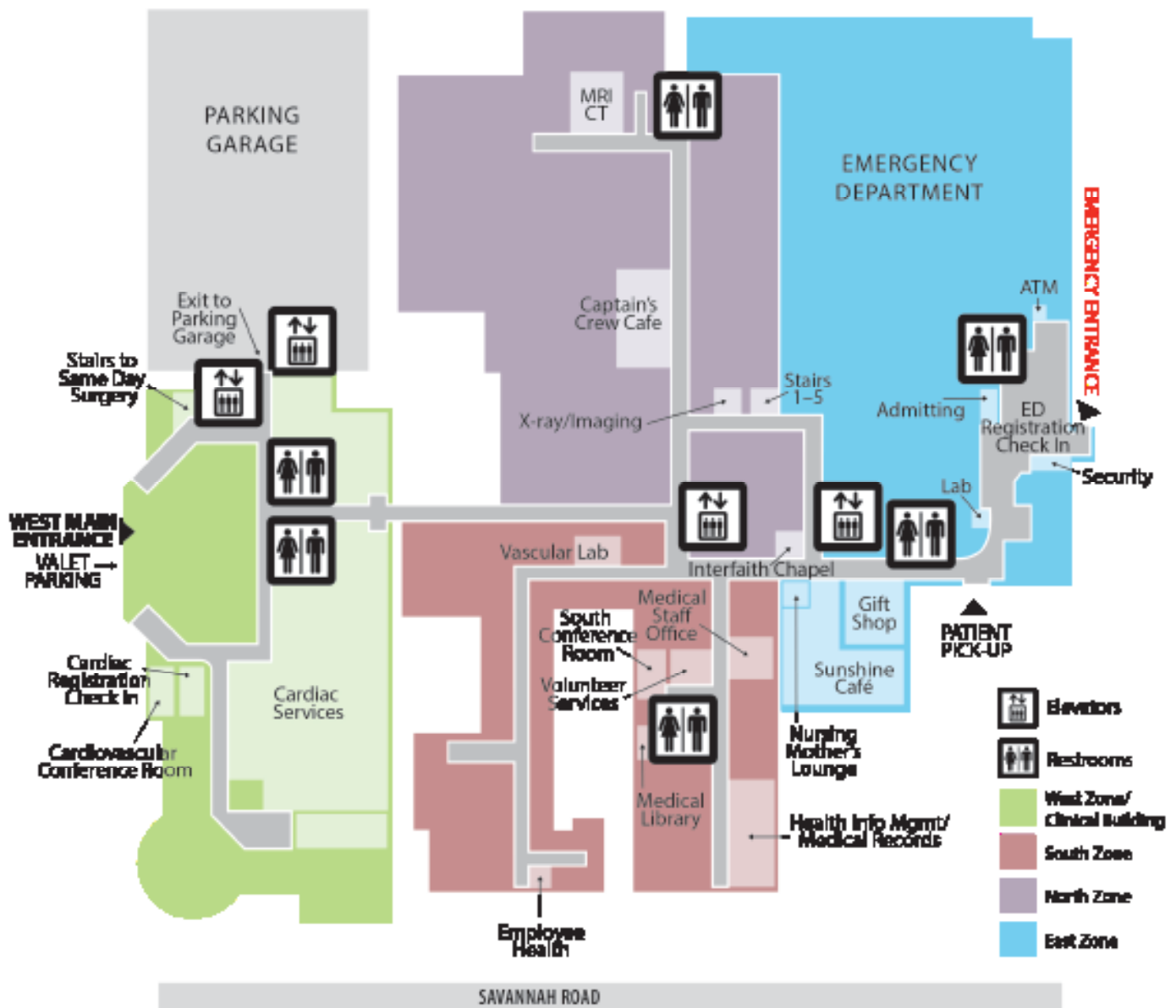
- Lewes at our Main Campus
Complimentary Valet Parking Mon.–Fri., 6:30 a.m.–5:30 p.m.
- Rehoboth at our Outpatient Surgery Center



CREATING THE NEXT
GENERATION
of CARE

424 Savannah Road • Lewes, Delaware
BeebeHealthcare.org • (302) 645-3300
Beebe Healthcare is a tobacco free facility.

Beebe Healthcare–Lewes, Medical Center



Beebe Outpatient Surgery Center (BOSC)
 18941 John J. Williams Hwy. (Rt. 24)
 Rehoboth Beach, DE 19971
 (302) 644-6992



Beebe Healthcare - Main Entrance
 424 Savannah Rd
 Lewes, DE 19958
 (302) 645-3300

Inpatient and Outpatient Surgery Guide

The information contained in this booklet is designed to help answer the many questions you may have after you are scheduled for surgery.

PREPARING FOR SURGERY

• 4 weeks before to surgery:

- Meet with your surgeon. You will be told if you need to stop or change any medication before surgery and when to stop drinking fluids.
- Choose a friend or family member to be your advocate during your procedure and hospital stay.
- If ordered, have blood work and other tests done.
- Make sure you have your supplies—soap and 4% Chlorhexidine gluconate (CHG)—for your preop shower. A common name for CHG is Hibiclens, but any brand of 4% CHG is okay to use.
- If you smoke, vape, or chew tobacco, talk to your doctor about the benefits of quitting. Smoking increases your risk of complications such as infections, blood clots, heart attacks, pneumonia and breathing problems after surgery. Delaware offers free programs through the DE Quitline. Call (866) 409-1858.
- Eat a healthy diet to help your body prepare for surgery.
- Brush your teeth and use mouthwash at least two times each day. Floss daily.
- If you are able to, and your doctor approves, walk for at least 30 minutes, 3 days a week in the days and weeks before your surgery. Walk more if you're able to participate in other moderate intensity activities.
- Plan to have artificial nails removed prior to surgery, this includes gel nails. Studies have shown there are more germs under artificial nails and they may interfere with monitoring equipment.
- You will be expected to remove toenail and finger nail polish before arriving to the hospital.
- Joint replacement and Inpatient spine surgery patients are strongly encouraged to attend the preop education classes. Call (302) 645-3104 to schedule a class.
- Chewing gum after surgery can help with the return of bowel function. Please bring your favorite brand and flavor of gum with you to the hospital or have ready for your return home.

If you develop a cold, sore throat, fever, diarrhea or other illness contact your surgeon's office.

Prepare for your return home after surgery

- Bring anything you may need downstairs. Unless you are told not to, you will be able to climb stairs but it may be hard to go up and down frequently.
- Put things you use often between your waist and shoulder height to avoid having to bend down or stretch to reach them.
- Buy a stock of food and other things you use often, as shopping may be difficult when you first get home.
- Plan ahead to have nutritious food ready for when you get home. Prepare and freeze mini-meals before surgery. You can then take it out one day, allow to thaw overnight in the refrigerator, and heat the next day.
- When you get home from the hospital, plan to have someone there to help you.

• 2 weeks before to surgery:

- Prior to surgery, consider a Home Safety Assessment provided by Beebe Home Care Services at (302) 934-5830. This will prepare you for a safe return home and further reduce the risk of falling.
- If you are taking blood thinners be sure to check with your surgeon and/or your heart doctor to discuss when or if you need to stop taking these medications.
- Stop all vitamins, herbal/mineral supplements and weight loss medications two weeks prior to surgery. Do **NOT** stop any prescription medications unless told to do so.

• A few days before to surgery:

- Registration staff will call to verify personal and insurance information and discuss your insurance responsibility.
- Start following the skin cleansing instructions 4 days before your surgery (**see page 5**)
- Do not shave the area where you will have the surgery. If needed, a staff member will remove hair with clippers. Shaving can cause small cuts in the skin which can increase your risk of infection.
- If your doctor has given you Bactroban (Mupiricin), apply the ointment to the inside of your nose twice a day, starting _____. This is to prevent MRSA, a staph infection.

• 1 day before surgery:

- You will receive a phone call after 1 p.m. with the time you should arrive for surgery.
- Please note: You will be called if the time of your surgery needs to be changed for emergent cases.
- Take your 4th shower and put on clean clothes.
- Put clean sheets on your bed for when you return home Do not allow your pets on your clean sheets.
- Stop eating solid foods at midnight
- Write down the time you last had solid food __a.m./p.m.
- You will receive a phone call from a Preadmission Testing (PAT) nurse. See page 4 for more information.
- If you have any questions, call the PAT at (302) 645-3366 or (302) 645-3131, Monday–Friday from 8:00a.m. to 5:00p.m.
- Follow any special medication instructions you were given
- Get a good nights sleep

PRE-SURGICAL INTERVIEW

You will receive a telephone call from our Pre-Admission Testing (PAT) department nurses at least a day before your surgery is scheduled.

- Allow 15–30 minutes for this call to review:
 - >Current medications/supplements.
 - >Medical surgical history.
 - >Anesthesia history.
 - >Confirm procedure, side/site.
 - >Orders for labs/EKG/chest X-ray.
 - >Skin cleansing instructions, (see page 5)
 - >Medications to take day of surgery.
 - >When to stop eating/drinking, (**No** mints, candy, or chewing gum, 2 hours prior to your surgery).
 - >Names and phone number(s) of your doctors.
- It may make it easier if you prepare a list of these items.
- If you have any questions or concerns, speak up!

DAY OF SURGERY

- You may drink clear liquids up to 2 hours before you are told to arrive at the hospital.
- Take your regular medications with a sip of water unless you are told not to take them.
- Shower.
- Brush your teeth, rinse with mouthwash.
- Wear clean, loose and comfortable clothing.
- Remove all jewelry/piercings & leave at home.
- To reduce the risk of fire, **DO NOT** wear makeup or lotion on face or body and do not use alcohol based products on your hair.
- Do **not** wear contacts.
- Wear glasses, bring protective case to store them in.
- Be prepared to tell the nurse the dose and time you took the last dose of each medication.
- If you have **dentures**, please bring a container to store them in during your surgery.
- If you use **hearing aids**, please wear them and bring a container to store them in during your surgery.
- Remove artificial nails and nail polish.

WHAT TO BRING WITH YOU:

- List of medications (name, amount/dose, frequency).
- Any paperwork from your surgeon or lab.
- Photo ID, insurance card, and lab envelope. Family members must also have a photo ID.
- Copy of Living Will or Medical POA.
- Brace, sling, or crutches. (if applicable)
- Co-payment/deductible. (if applicable)
- If you use a CPAP, please bring it and leave it in the car until after surgery. If you are being admitted to the hospital after surgery, your family member can bring it to your room after you are settled.
- You will not be able to take any personal belongings with you to surgery.

EATING AND DRINKING:

Food and drink taken before anesthesia can cause multiple problems such as choking and vomiting. To decrease the chance of this happening, it is very important to follow the instructions you were given by your surgeon, anesthesiologist and/or PAT nurse.

ADULT PATIENTS:

- Clear liquids:
 - > May have the following clear liquids up to 2 hours prior to your surgical arrival time: Water, clear juice (such as apple or cranberry juice), soda, plain tea/coffee (no cream/milk), popsicles, kool-aid, plain jello.
 - > No alcoholic drinks after midnight.
- Solids:
 - > Must stop all food by midnight the day prior to surgery.

PEDIATRIC PATIENTS:

- Clear liquids:
 - > May have the following clear liquids up to 2 hours prior to your surgical arrival time: Water, clear juice such as apple or cranberry juice), soda, plain tea/coffee (no cream/milk), popsicles, kool-aid, plain jello.
- Breast milk:
 - > May have up to 4 hours prior to surgical arrival time.
- Infant formula:
 - > May have up to 6 hours prior to surgical arrival time.
- Solid food:
 - > Must stop all food by midnight the day prior to surgery.

OTHER

- Oral medications (pills or liquid medication) may be taken with sips of water prior to surgery (Sip of water= less than ¼ cup).
- Patients may brush their teeth and rinse with water on the day of surgery.
- You may chew gum up to 2 hours prior to surgery arrival time.

ARRIVING FOR SURGERY

Options for parking at the Medical Center in Lewes

- Free Valet Parking is available Monday–Friday from 6:30 a.m.–5:00 p.m. at the Main entrance of the hospital.
- Patient parking: Enter the parking garage using the Main entrance.
 - > Park on the 2nd level and go to the doors marked Same Day Surgery
 - > Go up 5 steps and turn to the right for the registration area. If you cannot climb the 5 steps: Park on the 1st level of the garage, enter the hospital from the 1st floor—Main entrance
 - > There is an elevator across from the information desk that can take you to the registration area on the second floor.
- Please have your photo ID, insurance cards, and lab envelope ready to present.
- After completing your registration you will be directed to the Surgical Services Waiting Room near registration.
- When you register, you will be given a card with a number for your family to identify you on the Tracking Board.

Preoperative Skin Cleansing

You play a key role in your own health. Before surgery, it is important to reduce the number of germs on your skin. The instructions below are provided to help you carefully wash your skin before your surgery.



CHG soap may be provided by your doctor. If not, you can purchase 4% CHG soap at local pharmacies. Any brand of CHG is okay to use. CHG

soap kills germs on contact and bonds to the skin to continue killing germs after use. Do the pre-operative shower, one time a day, for **4 days** before surgery. Take your last shower the day of your surgery, before coming to the hospital. If you have any questions, please call your doctor or ask the PAT nurses. Start your special preop skin cleansing on _____.

BEFORE YOU SHOWER:

- Read the directions and warnings on the CHG product label.
- Do not use the product if you are allergic to CHG or other ingredients listed. Please tell your doctor.
- Make sure you clean your belly button and under skin folds.

WHEN YOU BATHE OR SHOWER:

1. Wash your hair as usual with your regular shampoo. Rinse hair and body thoroughly to remove any shampoo residue.
2. Wash your entire body with a new bar of your regular soap or Dial soap. Apply the soap directly to your skin and wash gently using a clean wash cloth. Allow the soap to remain on your skin for 1 minute before rinsing your body. **Use a clean wash cloth and towel each time you bathe/ shower.*
3. Then wash your body from the neck down with CHG soap. Apply just enough CHG to cover the skin and wash gently using the clean wash cloth. Allow the CHG to remain on your skin for 1 minute before rinsing your body. **Warning: DO NOT apply CHG to the face, mouth, ears, genitals, or open wounds.**
4. Rinse your body thoroughly with warm water.
5. Pat yourself dry with a clean, soft towel. Do not apply lotions, powders, or perfumes. These products could add new germs to your skin.
6. Put on clean clothes.
7. If you experience significant redness or itching stop using the CHG soap. (According to data, this would occur in less than 1% of patients). Continue to use regular soap.



Nasal Antiseptic

Why do we use this product in your nose?

- Some people carry bacteria in their nose called “Staphylococcus aureus”, often referred to as “Staph” or “Staph aureus”. People who carry this bacteria in their nose are at a higher risk of getting infections from this bacteria.
- There is an iodine type solution on the swabs that will be inserted in your nose. Per manufacturer’s directions, this solution reduces the bacteria in the nose and may reduce the risk of infection after surgery.
- You may notice a slight smell or taste when the solution covered swab is inserted in your nose.
- Our staff will help you with the use of this product.



Pre-operative Instructions for Patients with Diabetes

General Instructions:

- If you have a blood glucose meter at home, test your blood sugar (glucose) when you wake up on the morning of surgery and every 4 hours until you arrive at the hospital.
- If you have a low blood glucose during the time you are fasting, drink 4 ounces (1/2 cup) of a clear sugar-containing beverage such as apple juice or ginger ale (not the diet type). It is very important to inform the surgical staff about this when you arrive.
- If you take insulin, bring your insulin vial or insulin pen to the hospital.

Instructions for adjusting your diabetes medications for surgery: (If you have received different instructions from your Diabetes Care Provider, please discuss them with the nurse providing your pre-operative instructions)

One day before surgery:

- While still eating a normal diet, take all your usual diabetes medications including insulin up to and including doses taken with supper
- If you take Lantus/Toujeo/Levemir/Tresiba/ NPH once a day at bedtime: take ½ your usual bedtime dose
- If you take Lantus/Toujeo/Levemir/Tresiba/ NPH insulin **two times** daily, take the full bedtime dose

On the morning of surgery:

- Do not take any oral diabetes medications (pills); do not take Byetta/Victoza/Bydureon/Trulicity or Symlin injections; Do not take rapid acting insulin (Humalog/Novolog/Apidra) or Regular insulin (Humulin R/Novolin R)
- If you take Lantus/Toujeo/Levemir / Tresiba insulin in the morning-take ½ your usual morning dose. Do not take any other type of morning doses of insulin.
- If you take pre-mixed insulin (for example: HumaLIN 70/30; HumaLOG 75/25; or NovoLOG 70/30), do not take it at home, but bring the insulin vial or insulin pen with you. If needed you will receive a portion of your insulin after you arrive at the hospital.

If you are on an insulin pump:

- Change your insertion site and reservoir **the day before surgery** and bring extra supplies with you (insertion set, reservoir, extra batteries)
- For surgery involving your abdominal area, place the pump catheter in a site other than your abdomen (such as arm, hip or thigh).
- Continue your usual basal rates or adjust them according to your Diabetes Care Provider's instructions.
- Remind the surgical staff that you are wearing an insulin pump when you arrive

Beebe's Falls Prevention Program

Everyone having surgery is at risk to fall due to the surgery, the medications, and an unfamiliar environment. You will have a yellow armband on to signify that you are at risk for falls until you are no longer at risk for falling.

Safety Guidelines for Preventing Falls

- When you need assistance, use your call light and wait for staff to arrive to help you.
- Remain lying or seated while waiting for assistance. Please, be patient. Someone will answer your call as promptly as possible.
- Stand slowly to prevent dizziness and walk slowly and carefully when out of bed. Do not lean or support yourself on rolling objects such as I.V. poles or your bedside table.
- If needed, be sure to use your walker or cane.
- Staff should be checking on you hourly and encouraging you to use the toilet. Take advantage of this time to avoid having to go quickly to the restroom without assistance.
- It is our policy to take you to the bathroom and stay with you and monitor you while in the bathroom. Studies show that over half of all falls happen when patients are using the bathroom. Falling in the bathroom can result in serious injuries, even death, due to hard surfaces.
- Always wear non-skid shoes, slippers, or socks.
- Never try to get off a stretcher or out of a wheelchair without help.
- Staff, family members and visitors should make sure that phone, call bell, water, and personal items are within your reach before leaving the room.
- If you feel weak, dizzy, or unsteady, do NOT get out of bed.



PRE-OPERATION AREA (PRE-OP)

- Each person caring for you should ask you to state your name and date of birth, what surgery you are having, and on which side of your body. Expect to be asked your name and date of birth often.
- Vital signs, labs (if indicated), blood glucose (if diabetic), urine pregnancy test (if female of child bearing age) and possible drug screen will/may be performed.
- To reduce germs, before surgery you may be asked to use special wipes to clean your skin and to swab your nostrils with iodine type solution.
- You will be asked to remove your clothing and change into a hospital gown, review your medications including last dose and time of each, and review your medical/surgical history and review or sign the surgical consent. This could take up to 30 minutes. Once this is complete, you will then be able to see your family/friends.
- An IV will be started and if ordered medications will be given. Small children usually do not receive an IV before surgery.
- Your surgeon will visit to answer any last minute questions He/she will then mark the site where you will have surgery.
- Your anesthesia provider will visit to discuss anesthesia, answer questions and sign consent.
- The nurse caring for you in the operating room will visit with you to verify patient ID, procedures, allergies, etc



AFTER SURGERY

- Your surgeon may speak with your family in the waiting room or call them on the phone.
- You will be taken to the Post Anesthesia Care Unit (PACU) after your surgery, where you will wake up from anesthesia and be checked on frequently. From here you will be taken to the same day surgery area to prepare to go home, or you will be taken to a room if you are being admitted. The length of PACU times varies per individual.
- You will be given ice chips, juice, or water when you feel up to it.
- If you are being discharged to go home after surgery, your family will be able to see you in Same Day Surgery after the procedure.
- Parents of children having surgery may be able to be in the PACU when appropriate.
- Parents must remain in the building at all times during your child's surgery. It's best to have two adults with child for drive home.
- The Same Day Surgery nurse will evaluate you, give you any medications needed and discharge you to go home or to your room.
- You should expect some pain after surgery, but we will make every effort to safely minimize your pain and keep you comfortable. (See page 10 for more information on pain management.)
- If you experience ANY surgery related problems after your discharge, contact your physician immediately for advice.
- An adult (over age 18) must drive you home.
- We recommend that a responsible adult be with you at home for the first 24 hours after outpatient surgery.
- We may call you 24-48 hours after your surgery to see how you are doing.
- If you had General Anesthesia for your surgery you may feel sick to your stomach, vomit, have a sore throat, and/or have some mental slowness.
- Make sure you have little or no nausea before you try to eat solid foods. Start slowly with small bites to see how you feel.
- When possible, eat all meals sitting in a chair, rather than in bed.
- When you are discharged, you will be given written instructions that are specific for your procedure as well as a list of your medications that you should continue or start to take after you get home.

We want the best outcomes for our patients, so please make sure you clearly understand all instructions and ask questions before leaving.

Preventing Surgical Site Infections

WHAT IS A SURGICAL SITE INFECTION (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, the Centers for Disease Control and Prevention (CDC) reports that infections develop in about 1 to 3 out of every 100 patients who have surgery. Some of the common symptoms of an infection are:

- Redness and pain around the area where you had your surgery
- Drainage of cloudy fluid from your surgical wound
- Fever



WHAT ARE SOME OF THE THINGS THAT BEEBE HEALTHCARE IS DOING TO PREVENT SURGICAL SITE INFECTIONS?

- All healthcare providers are cleaning their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- Antibiotics may be given to you before your surgery and, if given, will be stopped within 24 hours after your surgery.



What can you do to prevent surgical site infections?

BEFORE YOUR SURGERY

- Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment. Tell your doctor about all medical problems you may have.
- **Quit smoking.** According to CDC, patients who smoke are at greater risk for infections. Delaware offers free programs through the Delaware Quitline. Call (866) 409-1858 for information.
- **DO NOT** shave near area where you will have surgery. Shaving with a razor can make small openings in your skin and make it easier to develop an infection.
- Follow the bathing instructions provided by your surgeon. See page 5 for details.
- Make sure you have clean sheets on your bed when you return home.



IN THE HOSPITAL

- Make sure that your healthcare providers clean their hands before examining you. If you do not see your providers clean their hands, **PLEASE ASK THEM TO DO SO!**
- Visitors should also wash their hands before and after visiting you. If you do not see them clean their hands, **ASK THEM TO DO SO.**
- Family and friends who visit should not touch the surgical wound or dressings.

AT HOME/AFTER SURGERY

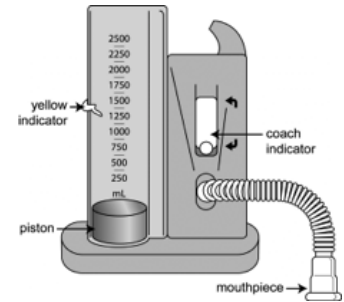
- Make sure you understand how to care for your wound, including dressing changes before you leave the hospital.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- Always clean your hands before and after caring for your wound.
- **DO NOT** let your pet near your incision. **DO NOT** allow your pet to sleep with you until your doctor says it is safe to do so.
- If you have symptoms of an infection, call your doctor immediately!

Your Doctor May Order You to Use an Incentive Spirometer

The Incentive Spirometer helps you get back to breathing your best, and avoid complications such as pneumonia or a collapsed lung. The Incentive Spirometer (IS) will show you how well you are breathing.

1. Sit upright, or as far upright as you can.
2. Breathe normally a few times.
3. After you exhale normally, close your lips around the mouthpiece.
4. Breathe in slowly & steadily through your mouth until your lungs are full. The volume indicator will rise to show how much air you have breathed in.

5. Hold your breath until the volume indicator goes back down to the bottom.
6. Breathe out slowly.
7. Take a few normal breaths
8. Repeat steps 3–6 approximately ten times per hour & cough to help clear the mucus out of your lungs.



Deep Breathing and Cough Exercises

If a spirometer is not ordered, you can do deep breathing exercises to keep your lungs healthy.

Take deep breaths and cough every 2 hours while awake. This helps to expand your lungs and get rid of mucus.

1. Sit on the edge of a bed, or sit up as far as you can in a bed or chair
2. Take in a slow, deep breath through your nose
3. Hold the breath for a few seconds
4. Slowly let the breath out through your mouth, like you are blowing out a candle.
5. Take 3-5 deep breaths as described in steps 2-4. Hold in the last breath for a few seconds
6. Cough deeply 2-3 times. Push the air out of your lungs as you cough

If you have a cut (incision) on your chest or stomach (belly), hold a pillow, folded blanket, or your hands against your incision as you cough.

Track your Progress

DAILY ACTIVITY: Walk as often as you feel able, but at least a few times each day.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
WALKING 1							
WALKING 2							
WALKING 3							
WALKING 4							
WALKING 5							
WALKING 6							

BREATHING EXERCISES: Use your Incentive Spirometer, or do deep breathing exercises as stated above while awake.

BREATHING EXERCISES 1							
BREATHING EXERCISES 2							
BREATHING EXERCISES 3							
BREATHING EXERCISES 4							
BREATHING EXERCISES 5							
BREATHING EXERCISES 6							
BREATHING EXERCISES 7							
BREATHING EXERCISES 8							
BREATHING EXERCISES 9							
BREATHING EXERCISES 10							
BREATHING EXERCISES 11							
BREATHING EXERCISES 12							

Post-operative Pain Management

We care about your comfort and are committed to managing your pain after surgery.

In order to be successful with managing your pain, it is important that you talk with your health care team. You are the only person who knows what your pain is, and if the medication that your surgeon has ordered is doing the job!

The Pain Scales are used to gauge your pain/discomfort before and after you receive pain medication. You will be asked to give your pain a number

- **0: no pain**
- **1–3: Mild pain**—you can feel it. Able to read and watch TV.
- **4–6: Moderate pain**—Losing focus. Thinking about pain.
- **7–9: Severe**—Unable to focus on anything other than pain
- **10: worst possible pain**

Your surgeon will order pain medicine to be given after your surgery. You will start taking medications by mouth soon after surgery.



- Although we can't guarantee that you will be 'pain-free', we want your pain to be under control so you can participate in your care.
- If the pain medicine makes you feel nauseated, we can give you medication to help with this, or we can try a different medicine for pain.
- If you had laparoscopic/robotic surgery you may have some discomfort in your shoulder, this is from the gas used during your surgery.
- Over-the-counter pain medications such as Tylenol, Motrin, Advil or Aleve may be all that you need to control your pain after surgery.



Pain Control Without Medicine

Do not expect to be totally pain free. Some pain is normal. You may be sore for a few days. This will gradually get better.

- Distraction can help you cope with mild pain and anxiety. Listen to music, play games, or other engaging activities to help take your mind off of your pain. Ask your doctor about using heat and cold therapy.
- Guided imagery can help you direct and control your emotions. Close your eyes, gently inhale and exhale. Picture yourself in the center of somewhere beautiful. Feel the beauty surrounding you.

Information About Opioid Use:

You are the most important part of your health care team. Ask questions and know the facts before you use opioids for pain.

Common Names of Opioids

- Hydrocodone (Vicodin, Norco)
- Morphine
- Fentanyl
- Methadone
- Oxymorphone (Opana)
- Oxycodone (Percocet, OxyContin)
- Codeine (Tylenol #3, Tylenol #4)
- Tramadol (Ultram)
- Hydromorphone (Dilaudid)
- Heroin

Risks of Taking Opioids

- Opioid use can put you at risk of dependence, addiction, and overdose. Dependence can start within three days!
- Studies have shown that over 70% of prescribed opioids go unused leading to opioids being available in the community.
- Almost two-thirds of people who abuse painkillers get their drugs for free from friends or relatives.
- Over half of teens say that they can easily get prescription drugs from their parents' medicine cabinets.
- Drugs can be stolen or used by friends or family. Abuse of prescription pain killers has increased over 400 percent since the year 2000.
- Children and pets can find medicine in your home or trash.
- Studies also show that 6-10% of surgical patients become new addicted opioid users.

Watch the YouTube video, "[The Slippery Slope of Opioid Use](#)" for more information.

See page 11 for more information regarding prescription Opioid use.

GET THE FACTS ABOUT PRESCRIPTION OPIOIDS

308 people in Delaware had drug-related deaths in 2016. Many of those deaths were related to prescription drugs.

Almost **2 million** Americans abused or were dependent on prescription opioids in 2014.

As many as **1 in 4** people who receive prescription opioids long-term for non-cancer pain in primary care settings struggles with addiction.

WHAT ARE OPIOIDS?

Opioids are drugs that block pain signals to the brain and have very serious side effects. Commonly prescribed opioids include hydrocodone, oxycodone, codeine, morphine and fentanyl. Heroin is also an opioid.

Opioids aren't made for long-term use; the more you use them, the more your body builds a tolerance. You'll have the same level of pain, but need more opioids — increasing your chances of overdose or addiction. Long-term use of opioids can be appropriate for some patients receiving active cancer treatment, palliative care, and/or end-of-life care.

HOW DO I TAKE OPIOIDS?

- Start low and go slow — your prescriber should give you the lowest dose for the shortest amount of time possible.
- Never take opioids in greater amounts or more often than prescribed — otherwise addiction or overdose becomes more likely.
- Do not share your prescription medications with anyone. It is both illegal and unsafe.
- Avoid taking opioids with alcohol. Mixing the two can increase your risk of overdose.
- Avoid mixing opioids with the following medications when possible (unless otherwise advised by your prescriber): sedatives or tranquilizers, including benzodiazepines (e.g., Xanax and Valium); muscle relaxants (e.g., Soma or Flexaril); sleeping pills or hypnotics (e.g., Ambien or Lunesta); and other prescription opioid pain relievers.
- There may be circumstances where prescribing opioids with these medications is necessary and acceptable. Also, your prescriber may use urine drug tests and check your prescription history to help make prescribing decisions that ensure your safety.
- Follow up regularly with your health care professional to monitor how the medication is working, side effects, or signs of opioid use disorder (like addiction).
- If you're taking opioids for an extended period of time, you should taper your usage — with the guidance of your health care professional — as your pain subsides, until you're off opioids completely. If you're taking high doses or long-term opioids, consider having naloxone on hand.



WHAT ARE THE DANGERS OF OPIOIDS?

- Opioid medications are addictive.
- Overdosing on opioids can happen by accident.
- Opioids can cause significant side effects, including constipation, nausea, vomiting, dry mouth, sleepiness, dizziness, confusion, and increased sensitivity to pain.

WHAT ARE THE ALTERNATIVES FOR PAIN MANAGEMENT?

- Rehabilitation services and physical therapy
- Therapy and relaxation techniques
- Exercise and strength training
- Non-opioid medications: acetaminophen; non-steroidal anti-inflammatory drugs (NSAIDs); serotonin and norepinephrine reuptake inhibitors (SNRIs); tricyclic antidepressants (TCAs)

HOW SHOULD I STORE AND DISPOSE OF MY MEDICATIONS?

- Lock all medications up or put them out of the way of anyone, including children or pets, who might try to consume them by accident or on purpose.
- Safely dispose of any unused medications at one of 14 Delaware prescription medication drop boxes. For a complete list of locations, visit HelpIsHereDE.com.

Find an online guide to prevention, treatment, and recovery resources at HelpIsHereDE.com.



Bring this booklet with you to the hospital or ambulatory surgery center.

Delirium

According to some studies, delirium is the most common complication after surgery in older adults, occurring in up to 50% of those patients.

What is Delirium?

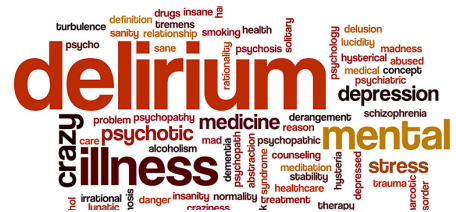
Delirium is a **sudden** change in how a person thinks or how they behave. A person with delirium may seem confused, aggressive, agitated, sleepy and inactive, or may have a combination of all of these things. These changes may come or go over time and often get worse at the end of the day.

Signs of Delirium:

Changes may come or go over time and often get worse at the end of the day. Friends and family members know the patient more than the hospital staff, so you may be the first person to see signs of delirium.

Please let hospital staff know if your friend or family member has any of the following changes:

- Confusion
- Frequent mood swings
- Memory loss, including forgetting recent events or the names of friends and family members
- Sudden changes in personality or emotional state
- Decreased attention or concentration
- Periods of alertness that come and go throughout the day
- Hallucinations (seeing or hearing things that are not there)
- Changes in usual sleep pattern or inability to sleep
- Slower movement or unusually restless movements
- Changes in speech, such as saying things that do not make sense



Why is it important to identify Delirium early?

An older adult with delirium may develop serious and life-threatening complications and loss of function if delirium is not identified and treated quickly. The risk of long-term cognitive and functional decline is greater for patients who develop delirium.

What causes Delirium?

There are many possible causes of delirium including but not limited to poor vision or hearing, increased age, infections, medications, substance withdrawal, vascular event such as stroke, hormone imbalances, dementia (cognitive decline) and low oxygen. Delirium often occurs when older adults are in the hospital or after they have surgery.

STOP Delirium Before it Starts!

Delirium is potentially reversible. Early detection makes it possible to treat the underlying cause of delirium. Studies show that up to 40% of cases are preventable. The incidence of delirium increases by 2% for each year beyond the age of 60. Family and friends can help hospital staff prevent patients from developing delirium by the following actions:

- Make sure the patient has his or her dentures, hearing aids, and glasses
- Orient the patient to their surroundings using tools such as a clock, calendar, daily schedule, music, and visits from family and friends. Help the patient remember where he or she is.
- Ensure proper sleep hygiene (avoid caffeine before bed, provide a quiet, dimly light place for sleeping, provide a warm drink before bed, give the patient a massage, and use soft music and aroma therapy (lavender) just before bed time)
- Get patients out of bed and walking (when allowed) as soon as possible and at least 3 times a day.
- Open the blinds/curtains to let the daylight in during the day
- Encourage conversation

Hospital staff will take the additional actions below to help prevent delirium.

- Avoid physical restraints
- Remove of urinary catheter as soon as possible
- Provide proper nutrition
- Use non-narcotic pain medication when possible

After Surgery - Inpatient

Activity

- Expect to get out of bed, with assistance, the day of your surgery. Moving helps your overall recovery, helps prevent blood clots, and helps prevent lung infections such as pneumonia, and it may wake up your stomach and intestines more quickly.
- Spend at least 6 hours a day out of bed.

Shower

- Take a shower with assistance, if ordered by your doctor.

Urinary Catheter

- You may have a urinary catheter in place after your surgery. A urinary catheter is a small tube that is used to empty the urine (pee) out of your bladder.
- The catheter is usually removed the day after surgery. The longer the catheter is in the greater chance you may get a urinary track infection.

Nausea Patch

- You may have a small patch behind one of your ears. This is a Scoplamine patch which is used to help you with some of the initial nausea and vomiting some patients may have after surgery.
- A nurse will remove the patch 24-48 hours after your surgery.

Discharge Planning

- You are ready to be discharged if you are drinking/ eating well (no nausea), passing gas, and your pain is well controlled.
- Once your doctor has ordered your discharge, it will take time for the nurse to get paperwork and other discharge activities completed.

Discharge Instructions

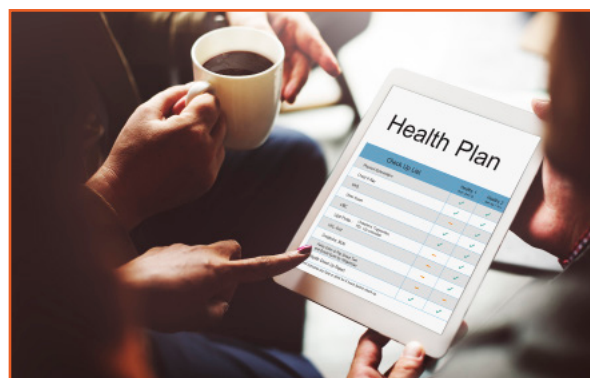
- Know when you should contact your surgeon. Call if you have a fever, increased stomach pain or bloating, pain in left shoulder area,
- Make sure you have your follow-up appointment(s) scheduled. A log to write information about appointments is provided in the Gynecological Surgery Guide

Discharge From Hospital

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad. After you leave the hospital, you should call your surgeon or go to the nearest Emergency room for any reason listed below:

- You feel like you are getting worse instead of better
- You have a fever greater than 101 F . A slight increase in temperature, sometimes happens after surgery.
- Your incision, where you were cut, is hot, red, has pus or bad-smelling fluid coming out of it or becomes MORE painful.
- If you have not urinated (peed) for 6 or more hours (while awake) or if you feel the need to urinate and it will not come out.
- If you have severe stinging or burning when urinating (peeing), please contact your surgeon as you may have an infection.
- You feel very sad, overwhelmed, or helpless and these feelings do NOT go away.
- Unusual chest pain
- Shortness of breath
- Leg or calf pain, swelling or redness
- Nausea/vomiting for more than 1 day or that makes it impossible to eat or drink
- If you have no bowel movement 3 days from the day of your surgery.



Beebe Healthcare participates in a Program called Enhanced Recovery After Surgery (ERAS)) This program helps identify areas where we can improve our surgical care and patient safety. One piece of this program is to monitor patients for 30 days after their surgery.

If you are selected, from a random sampling, you may receive a brief phone call from our Quality nurse. The

nurse will ask you a few questions, such as if you had any problems after your surgery or if you had an unplanned return to your doctor's office. This call usually takes less than 2 minutes.

Your participation is greatly appreciated and will directly impact the success of our results and quality efforts.

Wound Care

- For the first 1-2 weeks following your surgery, your wound may be slightly red and uncomfortable.
- Do NOT soak in the tub, hot tub, pool, and sea or pond water for one month following your surgery or until the wound is well healed.
- You may shower and let the soapy water wash over your incision 24 hours after your surgery. Follow the instructions you were given when you left the hospital. Dial Gold or Safeguard soap should be used, if available.
- Do NOT wear tight or rough clothing. It may rub your incisions and make it harder for them to heal.
- Some people may develop a rash from the Band Aid's adhesive. This should go away by itself.
- You may have small steri-strips, a tape like bandage, and sutures under the Band Aids. Your doctor will remove these in the office.
- You may have some bruising around your incision/s. Do not put anything on this area unless your are told to do so by your surgeon.
- The "glue" your surgeon may have covered your incision with will come off on its own over time.
- Protect the new skin, especially from the sun. The sun can burn and cause darker scarring.
- The wound will soften up in several months.
- If you have staples or sutures, your surgeon will remove them in 7-14 days after discharge.

Preventing blood clots

- You may have been given cloth stockings that gently squeeze your legs. Continue to wear them until your activity level has returned to what it was before surgery.
- You may take them off to shower.
- The "EPC's"—the device that squeezes your lower legs or feet—should be on at all times except when you're walking, even when sitting in a chair.

Bowel Function: Diarrhea/Constipation

- It is important to let your doctor know if you are having very watery diarrhea 3 or more times a day or if you have bloody stools. There is a dangerous bacterial infection that we may want to test you for if you are having this type of diarrhea.
- Occasionally, patients are constipated after surgery. This may be from the narcotic pain medication. Eat foods high in fiber and drink plenty of fluids, (unless told not to do so by your doctor). Your surgeon may add a medication to be taken if you do not have a bowel movement for more than 3 days. See the list of medications given to you at discharge for more details, or call your doctor.

Diet

- After you get home start off eating slowly by only taking a few bites to see how you feel. Chew food well.
- While your diet is returning to normal, you may find it helpful to drink a protein/nutritional drink, such as Ensure, for proper nutrition. You should try to eat a balanced diet, including:
 - Foods that are soft, moist and easy to chew and swallow
 - Foods that can be cut or broken into small pieces
 - Foods that can be softened by cooking or mashing
 - Eating 4-6 small meals throughout the day to reduce gas and bloating
 - Fruits, vegetables and whole grains will help prevent constipation
 - Drinking plenty of fluids. Aim for at least 8-10 cups per day.
- Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. Small, frequent meals throughout the day may help. Over time, the amount you can comfortably eat will increase.
- Some patients feel nauseated (sick to your stomach). To decrease this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly.
- If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry.

Nausea Patch

- You may have a small patch behind one of your ears. This is a Scopolamine patch which is used to help you with some of the initial nausea (sick to your stomach) and vomiting (throwing up) some patients may have after surgery.
- In 24-48 hours after your surgery you should carefully remove the patch and throw it away.
- Be careful not to touch the underside of the patch and rub or touch your eyes. If the medication on this patch gets in your eyes it will cause your pupils to dilate and may cause vision trouble for a short time.



Breathing

- If you are told to use a breathing device (Incentive Spirometer), use it 10 times each hour while awake.

Chewing Gum

- Once fully awake chew a piece of your favorite gum, three times a day for at least 30 minutes. This can help prevent nausea and speed the return of bowel function.

Hobbies and Activities

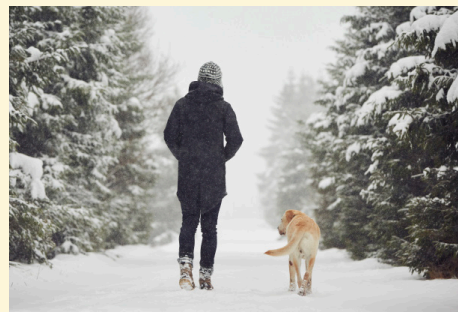
- Moving helps your overall recovery, helps prevent blood clots, helps prevent pneumonia, and it may help wake up your stomach and intestines more quickly.
- Walking is encouraged following your surgery. Plan to walk 3–4 times each day.
- Your return to daily activity will depend on your level of fitness and medical conditions you had before your surgery.
- Do NOT do any heavy lifting (no more than a gallon of milk = 10 lbs.) Follow the instructions given to you at discharge.
- Do NOT play contact sports until your surgeon says it is okay to do so.
- You should be able to climb stairs from the time you are discharged, unless you have been told not to.
- Return to hobbies and activities soon after your surgery. This will help you recover.
- Remember, depending on the type of surgery you had, it may take up to 2–3 months to fully recover from some surgeries. Depending on the surgery type that you had, it is not unusual to be tired and need an afternoon nap following surgery. Your body is using its energy to heal wounds in the inside and out.

Work

- Ask your employer if there are rules about returning to work.
- If you need a “Return to work” form for your employer, it is best to bring it to your first postop office visit.
- When to return to work depends on the type of work you do, the type of surgery you had, and how your recovery is going.
- Because you had anesthesia, it is recommended that you NOT drive for the first 24-48 hours after your surgery and then only if you feel comfortable and safe to do so.
- Do NOT drive while taking opioid pain pills.

Follow up Appointment

- Your nurse will advise you when to see your doctor, usually 1 or 2 weeks after surgery. If an office visit has not been scheduled for you, call your doctor’s office to set up an appointment.
- If any tissue was removed for testing your surgeon will discuss what they found at your follow up appointment.
- Again, please call your doctors office if you have any questions or concerns!



You are one of a kind. Your health, risk for disease, and the way you respond to medicines are also unique. We all heal differently. This Surgery Guide contains general information, please refer to your discharge instructions for specific information regarding your surgery.

OUR VISION Our vision is for Sussex County to be one of the healthiest counties in the nation.

OUR MISSION Beebe Healthcare's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working, or visiting the communities we serve.

Contact Us:

Beebe Healthcare

424 Savannah Road
Lewes, DE 19958
(302) 645-3300
BeebeHealthcare.org

Beebe Outpatient Surgery Center

18941 John J. Williams Hwy. (Rt. 24)
Rehoboth Beach, DE 19971
(302) 644-6992

Surgical Pre-Admission Testing Nurses

(302) 645-3366 • (302) 645-3131 • (302) 645-3689
Monday–Friday, 8 a.m.–5:30 p.m.

Pre-Arrival Registration

(302) 645-3502 • (302) 645-3308
Monday–Friday, 5:30 a.m.–5 p.m.

Patient Financial Services

(302) 645-3546
Monday–Friday, 8 a.m.–4:30 p.m.

We would like to thank you for choosing us for your care. Our friendly and professional surgical staff are here to **ALWAYS** provide you caring, compassionate, and safe care.

For Beebe Surgery information, go to www.beebehealthcare.org/patient-surgery-information.



Complimentary Valet Parking at Lewes Campus

Monday-Friday 6:30 a.m.–5:30 p.m.

Beebe Healthcare is a Tobacco Free Facility

REVISED Sept 2021
